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FEB 28 2005

Serial No.: 09/852995  
Attorney Docket No: 124-003

**CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. 1.8**

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Feb 28, 2005  
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Holmes W. Anderson

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fee x 2  
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Information Disclosure Statement; Form 1449 2 pages  
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PTO/SB/21 (08-00)

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number 09/852995
		Filing Date 05/10/2001
		First Named Inventor Harker
		Group Art Unit 2177
		Examiner Name Black
Total Number of Pages in This Submission 1		Attorney Docket Number 124-003 0585-1026 Nortel Ref. 12723IDUS01U

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement; PTO Form 1449 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) and letter <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Holmes W. Anderson, Reg. No. 37,272 Steubing McGuinness & Manaras LLP
Signature	<i>Holmes W. Anderson</i>
Date	February 28, 2005

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Type or printed name	Carol Ann Mahoney	Date
Signature	<i>Carol Ann Mahoney</i>	2-28-05

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/852995
		Filing Date	05/10/2001
		First Named Inventor	Harker
		Group Art Unit	2177
		Examiner Name	Black
Total Number of Pages in This Submission		Attorney Docket Number	124-003 0585-1026 12723IDUS01U Nortel Ref:

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) and letter	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement; PTO Form 1449	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
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<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Holmes W. Anderson, Reg. No. 37,272 Steubing McGuinness & Manaras LLP	
Signature		
Date	February 28, 2005	

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Type or printed name	Carol Ann Mahoney	Date	2-28-05
Signature			

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PTO/SB/17 (12-04)

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		Complete if Known	
Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Number	09/852995
<b>FEE TRANSMITTAL</b>		Filing Date	05/10/2001
For FY 2005		First Named Inventor	Harker
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Examiner Name	Black
TOTAL AMOUNT OF PAYMENT	(\$180.00)	Art Unit	2177
		Attorney Docket No.	124-003

## METHOD OF PAYMENT (check all that apply)

- Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_
- Deposit Account Deposit Account Number 502569 Deposit Account Name Steubing McGuiness & Manaras LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
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## FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

  

2. EXCESS CLAIM FEES							
Fee Description				Small Entity			
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent				Fee (\$)	Fee (\$)		
				50	25		
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent				200	100		
				360	180		
Multiple dependent claims				Multiple Dependent Claims			
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)		
-20 or HP =	0	x \$50.00	= \$ 0.00	\$360.00	_____		
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
-3 or HP =	x \$100.00	= \$					
HP = highest number of independent claims paid for, if greater than 3							

  

3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)							
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
11	-100 = 0	/50 = 0 (round up to a whole number)	x \$250.00	= \$ 0.00			

  

4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other: IDS _____							
\$180.00							

SUBMITTED BY			
Signature		Registration No. 37,272 (Attorney/Agent)	Telephone 978-264-6664
Name (Print/Type)	Holmes Anderson		
Date Feb. 28, 2005			

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U. S. Patent and Trademark Office: U. S. DEPARTMENT OF COMMERCE

*Complete if Known*

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Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Number	09/852995				
<b>FEET TRANSMITTAL</b> <b>For FY 2005</b>		Filing Date	05/10/2001				
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		First Named Inventor	Harker				
TOTAL AMOUNT OF PAYMENT (\$ 180.00)		Examiner Name	Black				
		Art Unit	2177				
		Attorney Docket No.	124-003				
<b>METHOD OF PAYMENT</b> (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account. Deposit Account Number: 502569      Deposit Account Name: Steubing McGuinness & Mangras LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charges fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>			
<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>			
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee Paid (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
						<b>Small Entity</b>	
						<b>Fee (\$)</b>	<b>Fee (\$)</b>
						50	25
						200	100
						360	180
<b>2. EXCESS CLAIM FEES</b>				<b>Multiple Dependent Claims</b>			
Fee Description				Fee (\$)	Fee Paid (\$)		
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent				50	25		
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent				200	100		
Multiple dependent claims				360	180		
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
- 20 or HP =	0	x \$50.00	= \$ 0.00				
HP = highest number of total claims paid for, if greater than 20							
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
- 3 or HP =	0	x \$100.00	= \$ 0.00				
HP = highest number of independent claims paid for, if greater than 3							
<b>3. APPLICATION SIZE FEE</b>				<b>Fee (\$)</b>			
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)				\$ 0.00			
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).				Fee Paid (\$)			
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	\$ 0.00			
11	- 100 = 0	/ 50 = 0 (round up to a whole number)	x \$250.00	Fee Paid (\$)			
<b>4. OTHER FEE(S)</b>				\$ 0.00			
Non-English Specification, \$130 fee (no small entity discount)				\$180.00			
Other: IDS				\$ 0.00			

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature		37,272	978-264-6664
Name (Print/Type)	Holmes Anderson Anderson & Associates, Inc.		
	Date <u>Feb. 28, 2005</u>		

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file and/or USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): Harker

Serial No.: 09/852995

Filed: 5/10/2001

Title: Recipient Controlled Contact  
Directories

Attorney Docket No.: 124-003

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

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FEB 28 2005

Group Art Unit:  
2167  
Examiner:  
Black**INFORMATION DISCLOSURE STATEMENT**

Dear Sir:

This Information Disclosure Statement is submitted:

- under 37 CFR 1.97(d) together with a:  
 Statement under 37 CFR 1.97(e), and  
 a \$180.00 fee set forth in 37 CFR 1.17(p).  
 (Filed after final action or notice of allowance, whichever occurs first, but before payment of the issue fee)

Applicant(s) submit herewith Form PTO 1449-Information Disclosure Citation together with copies, of patents, publications or other information of which applicant(s) are aware, which applicant(s) believe(s) may be material to the examination of this application and for which there may be a duty to disclose in accordance with 37 CFR 1.56.

The relevance of the attached references is that this is the closest art of which Applicant is aware. Applicant submits that the above references taken alone or in combination neither anticipate nor render obvious the present invention. Consideration of the foregoing in relation to this application is respectfully requested.

It is requested that the information disclosed herein be made of record in this application.

Date: February 28, 2005

Respectfully submitted,

  
 Holmes Anderson, Reg. No. 37,272  
 Attorney/Agent for Applicant(s)  
 Steubing McGuinness & Manaras LLP  
 125 Nagog Park  
 Acton MA 01720  
 Telephone No.: 978-264-6664

FORM PTO-1449		U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE		FILE 124-003	SERIAL NO. 09/852,995
<b>LIST OF INFORMATION CITED BY APPLICANT</b> <i>(Use several sheets if necessary)</i>		APPLICANT Harker			
		FILING DATE 05/10/2001	ART UNIT 2177		
<b>U.S. PATENT DOCUMENTS</b>					
* EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS AND SUBCLASS
	AA	6,185,565	02/06/2001	Meubus et al	
	AB	6,594,354	07/15/2003	Kelly	
	AC	6,807,423	10/19/2004	Armstrong et al	
	AD				
	AE				
	AF				
	AG				
	AH				
	AI				
	AJ				
	AK				
<b>FOREIGN PATENT DOCUMENTS</b>					
		DOCUMENT NUMBER	DATE	COUNTRY	CLASS AND SUBCLASS
	AL				
	AM				
	AN				
	AO				
	AP				
<b>OTHER INFORMATION</b>					
	AR				
	AS				
	AT				
	AU				
EXAMINER			DATE CONSIDERED		

\* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.